



Dental Small Group Rate Sheet for Other Upstate Counties

3rd Quarter 2022 Monthly Rates* for Groups of 5 to 50 Eligible Employees

Effective 7/01/2022 through 9/30/2022

Dental Access: 100% coverage for preventive, denture, and bridge repairs using Preferred Network; \$0 deductible; \$1,500 annual max. Discounted services available through in-network offices. Covers dependent children/students to age 26. There are no waiting periods.

| | | Contributory — Bundled With Medical | | | | Contributory — Stand-Alone | | | |
|---------------|----------|-------------------------------------|-------------|-------------|-----------|----------------------------|-------------|-------------|-----------|
| | | Group 25-50 | Group 15-24 | Group 10-14 | Group 5-9 | Group 25-50 | Group 15-24 | Group 10-14 | Group 5-9 |
| 4 Tier | EE Only | \$11.44 | \$11.94 | \$12.46 | \$13.45 | \$12.32 | \$12.86 | \$13.42 | \$14.50 |
| | EE + SP | \$22.89 | \$23.88 | \$24.91 | \$26.90 | \$24.65 | \$25.73 | \$26.84 | \$29.00 |
| | EE + CH | \$27.81 | \$29.01 | \$30.27 | \$32.68 | \$29.95 | \$31.26 | \$32.61 | \$35.23 |
| | Family | \$44.64 | \$46.58 | \$48.59 | \$52.47 | \$48.08 | \$50.18 | \$52.35 | \$56.56 |
| 2 Tier | EE + Dep | \$36.98 | \$38.58 | \$40.25 | \$43.46 | \$39.82 | \$41.56 | \$43.37 | \$46.85 |

Preferred Dental: 100-80-50; \$2,000 max.; \$50 deductible for basic & major; Value package; no out-of-network coverage; no orthodontic coverage. Includes annual maximum rollover feature. Covers dependent children/students to age 26. There are no waiting periods.

| | | Contributory — Bundled With Medical | | | | Contributory — Stand-Alone | | | |
|---------------|----------|-------------------------------------|-------------|-------------|-----------|----------------------------|-------------|-------------|-----------|
| | | Group 25-50 | Group 15-24 | Group 10-14 | Group 5-9 | Group 25-50 | Group 15-24 | Group 10-14 | Group 5-9 |
| 4 Tier | EE Only | \$18.00 | \$18.87 | \$19.71 | \$21.44 | \$18.98 | \$19.90 | \$20.79 | \$22.61 |
| | EE + SP | \$36.88 | \$38.65 | \$40.39 | \$43.94 | \$38.89 | \$40.76 | \$42.60 | \$46.33 |
| | EE + CH | \$38.39 | \$40.24 | \$42.05 | \$45.74 | \$40.49 | \$42.43 | \$44.34 | \$48.23 |
| | Family | \$63.85 | \$66.92 | \$69.92 | \$76.06 | \$67.33 | \$70.57 | \$73.74 | \$80.21 |
| 2 Tier | EE + Dep | \$54.01 | \$56.61 | \$59.15 | \$64.34 | \$56.96 | \$59.69 | \$62.38 | \$67.85 |

Preferred Premier Dental: 100-80-50; \$2,500 max.; \$50 deductible for basic & major; Value package; MAC plan; no orthodontic coverage. Includes annual maximum rollover feature. Covers dependent children/students to age 26. There are no waiting periods.

| | | Contributory — Bundled With Medical | | | | Contributory — Stand-Alone | | | |
|---------------|----------|-------------------------------------|-------------|-------------|-----------|----------------------------|-------------|-------------|-----------|
| | | Group 25-50 | Group 15-24 | Group 10-14 | Group 5-9 | Group 25-50 | Group 15-24 | Group 10-14 | Group 5-9 |
| 4 Tier | EE Only | \$21.92 | \$22.95 | \$24.01 | \$26.09 | \$23.12 | \$24.21 | \$25.32 | \$27.52 |
| | EE + SP | \$44.91 | \$47.03 | \$49.19 | \$53.46 | \$47.36 | \$49.60 | \$51.87 | \$56.38 |
| | EE + CH | \$46.75 | \$48.96 | \$51.20 | \$55.65 | \$49.30 | \$51.63 | \$53.99 | \$58.69 |
| | Family | \$77.75 | \$81.42 | \$85.15 | \$92.55 | \$81.99 | \$85.86 | \$89.79 | \$97.60 |
| 2 Tier | EE + Dep | \$65.77 | \$68.87 | \$72.03 | \$78.29 | \$69.36 | \$72.63 | \$75.96 | \$82.56 |

Preferred Plus Dental: 100-80-60; \$5,000 max.; \$50 deductible for basic & major; Value package; MAC plan; orthodontic coverage with \$2,500 lifetime maximum. Covers dependent children/students to age 26. There are no waiting periods.

| | | Contributory — Bundled With Medical | | | | Contributory — Stand-Alone | | | |
|---------------|----------|-------------------------------------|-------------|-------------|--|----------------------------|-------------|-------------|--|
| | | Group 25-50 | Group 15-24 | Group 10-14 | | Group 25-50 | Group 15-24 | Group 10-14 | |
| 4 Tier | EE Only | \$29.42 | \$30.81 | \$32.22 | | \$31.02 | \$32.49 | \$33.98 | |
| | EE + SP | \$60.28 | \$63.13 | \$66.01 | | \$63.56 | \$66.57 | \$69.61 | |
| | EE + CH | \$76.64 | \$80.27 | \$83.93 | | \$80.83 | \$84.64 | \$88.51 | |
| | Family | \$121.42 | \$127.16 | \$132.96 | | \$128.04 | \$134.10 | \$140.22 | |
| 2 Tier | EE + Dep | \$99.82 | \$104.54 | \$109.32 | | \$105.26 | \$110.25 | \$115.28 | |

*These rates are valid in all other NY counties, not included within Albany, Buffalo, and Downstate. Refer to EmblemHealth Plan, Inc. policy form numbers PLD-1104-D, PLD-1103-G et al. for the insured dental benefits.



Dental Small Group Rate Sheet for Other Upstate Counties

3rd Quarter 2022 Monthly Rates* for Groups of 5 to 50 Eligible Employees

Effective 7/01/2022 through 9/30/2022

Dental Access: 100% coverage for preventive, denture, and bridge repairs using Preferred Network; \$0 deductible; \$1,500 annual max. Discounted services available through in-network offices. Covers dependent children/students to age 26. There are no waiting periods.

| | | Voluntary — Bundled With Medical | | | | Voluntary — Stand-Alone | | | |
|---------------|----------|----------------------------------|-------------|-------------|-----------|-------------------------|-------------|-------------|-----------|
| | | Group 25-50 | Group 15-24 | Group 10-14 | Group 5-9 | Group 25-50 | Group 15-24 | Group 10-14 | Group 5-9 |
| 4 Tier | EE Only | \$12.95 | \$13.45 | \$13.95 | \$14.96 | \$13.96 | \$14.50 | \$15.04 | \$16.13 |
| | EE + SP | \$25.90 | \$26.90 | \$27.89 | \$29.92 | \$27.92 | \$29.00 | \$30.07 | \$32.27 |
| | EE + CH | \$31.47 | \$32.68 | \$33.89 | \$36.35 | \$33.92 | \$35.23 | \$36.54 | \$39.20 |
| | Family | \$50.53 | \$52.47 | \$54.41 | \$58.35 | \$54.46 | \$56.56 | \$58.66 | \$62.94 |
| 2 Tier | EE + Dep | \$41.85 | \$43.46 | \$45.07 | \$48.34 | \$45.11 | \$46.85 | \$48.59 | \$52.13 |

Preferred Dental: 100-80-50; \$2,000 max.; \$50 deductible for basic & major; Value package; no out-of-network coverage; no orthodontic coverage. Includes annual maximum rollover feature. Covers dependent children/students to age 26. There are no waiting periods.

| | | Voluntary — Bundled With Medical | | | | Voluntary — Stand-Alone | | | |
|---------------|----------|----------------------------------|-------------|-------------|-----------|-------------------------|-------------|-------------|-----------|
| | | Group 25-50 | Group 15-24 | Group 10-14 | Group 5-9 | Group 25-50 | Group 15-24 | Group 10-14 | Group 5-9 |
| 4 Tier | EE Only | \$20.58 | \$21.44 | \$22.29 | \$24.01 | \$21.70 | \$22.61 | \$23.51 | \$25.32 |
| | EE + SP | \$42.17 | \$43.94 | \$45.68 | \$49.19 | \$44.47 | \$46.33 | \$48.17 | \$51.87 |
| | EE + CH | \$43.89 | \$45.74 | \$47.55 | \$51.20 | \$46.29 | \$48.23 | \$50.14 | \$53.99 |
| | Family | \$72.99 | \$76.06 | \$79.07 | \$85.15 | \$76.98 | \$80.21 | \$83.38 | \$89.79 |
| 2 Tier | EE + Dep | \$61.75 | \$64.34 | \$66.89 | \$72.03 | \$65.12 | \$67.85 | \$70.54 | \$75.96 |

Preferred Premier Dental: 100-80-50; \$2,500 max.; \$50 deductible for basic & major; Value package; MAC plan; no orthodontic coverage. Includes annual maximum rollover feature. Covers dependent children/students to age 26. There are no waiting periods.

| | | Voluntary — Bundled With Medical | | | | Voluntary — Stand-Alone | | | |
|---------------|----------|----------------------------------|-------------|-------------|-----------|-------------------------|-------------|-------------|-----------|
| | | Group 25-50 | Group 15-24 | Group 10-14 | Group 5-9 | Group 25-50 | Group 15-24 | Group 10-14 | Group 5-9 |
| 4 Tier | EE Only | \$25.04 | \$26.09 | \$27.13 | \$29.22 | \$26.41 | \$27.52 | \$28.61 | \$30.81 |
| | EE + SP | \$51.31 | \$53.46 | \$55.58 | \$59.86 | \$54.11 | \$56.38 | \$58.61 | \$63.12 |
| | EE + CH | \$53.41 | \$55.65 | \$57.86 | \$62.31 | \$56.32 | \$58.69 | \$61.01 | \$65.71 |
| | Family | \$88.82 | \$92.55 | \$96.22 | \$103.62 | \$93.67 | \$97.60 | \$101.47 | \$109.28 |
| 2 Tier | EE + Dep | \$75.14 | \$78.29 | \$81.40 | \$87.66 | \$79.23 | \$82.56 | \$85.84 | \$92.44 |

Preferred Plus Dental: 100-80-60; \$5,000 max.; \$50 deductible for Basic & Major; Value package; MAC Plan; Orthodontic coverage with \$2,500 lifetime maximum

| | | Voluntary — Bundled With Medical | | | | Voluntary — Stand-Alone | | | |
|---------------|----------|----------------------------------|-------------|-------------|--|-------------------------|-------------|-------------|--|
| | | Group 25-50 | Group 15-24 | Group 10-14 | | Group 25-50 | Group 15-24 | Group 10-14 | |
| 4 Tier | EE Only | \$33.61 | \$35.02 | \$36.41 | | \$35.44 | \$36.93 | \$38.39 | |
| | EE + SP | \$68.86 | \$71.75 | \$74.60 | | \$72.62 | \$75.66 | \$78.67 | |
| | EE + CH | \$87.56 | \$91.24 | \$94.87 | | \$92.33 | \$96.23 | \$100.05 | |
| | Family | \$138.71 | \$144.54 | \$150.29 | | \$146.28 | \$152.43 | \$158.49 | |
| 2 Tier | EE + Dep | \$114.03 | \$118.83 | \$123.55 | | \$120.25 | \$125.32 | \$130.29 | |

*These rates are valid in all other NY counties, not included within Albany, Buffalo, and Downstate. Refer to EmblemHealth Plan, Inc. policy form numbers PLD-1104-D, PLD-1103-G et al. for the insured dental benefits.



Dental Small Group Rate Sheet for Other Upstate Counties

3rd Quarter 2022 Monthly Rates* for Groups of 2 to 4 Eligible Employees

Effective 7/01/2022 through 9/30/2022

Dental Access: 100% coverage for preventive, denture, and bridge repairs using Preferred Network; \$0 deductible; \$1,500 annual max. Discounted services available through in-network offices. Covers dependent children/students to age 26. There are no waiting periods.

| | | Contributory — Bundled With Medical | | | Contributory — Stand-Alone | | |
|---------------|----------|-------------------------------------|---------|---------|----------------------------|---------|---------|
| | | Group 4 | Group 3 | Group 2 | Group 4 | Group 3 | Group 2 |
| 4 Tier | EE Only | \$14.96 | \$16.45 | \$18.46 | \$16.13 | \$17.75 | \$19.92 |
| | EE + SP | \$29.92 | \$32.90 | \$36.91 | \$32.27 | \$35.50 | \$39.85 |
| | EE + CH | \$36.35 | \$39.97 | \$44.85 | \$39.20 | \$43.13 | \$48.41 |
| | Family | \$58.35 | \$64.17 | \$72.00 | \$62.94 | \$69.24 | \$77.72 |
| 2 Tier | EE + Dep | \$48.34 | \$53.16 | \$59.64 | \$52.13 | \$57.36 | \$64.38 |

Preferred Dental: 100-80-50; \$2,000 max.; \$50 deductible for basic & major; Value package; no out-of-network coverage; no orthodontic coverage. Includes annual maximum rollover feature. Covers dependent children/students to age 26. There are no waiting periods.

| | | Contributory — Bundled With Medical | | | Contributory — Stand-Alone | | |
|---------------|----------|-------------------------------------|---------|----------|----------------------------|---------|----------|
| | | Group 4 | Group 3 | Group 2 | Group 4 | Group 3 | Group 2 |
| 4 Tier | EE Only | \$24.01 | \$26.59 | \$30.01 | \$25.32 | \$28.04 | \$31.65 |
| | EE + SP | \$49.19 | \$54.47 | \$61.49 | \$51.87 | \$57.44 | \$64.85 |
| | EE + CH | \$51.20 | \$56.70 | \$64.01 | \$53.99 | \$59.79 | \$67.50 |
| | Family | \$85.15 | \$94.30 | \$106.45 | \$89.79 | \$99.44 | \$112.26 |
| 2 Tier | EE + Dep | \$72.03 | \$79.77 | \$90.05 | \$75.96 | \$84.12 | \$94.96 |

Preferred Premier Dental: 100-80-50; \$2,500 max.; \$50 deductible for basic & major; Value package; MAC plan; no orthodontic coverage. Includes annual maximum rollover feature. Covers dependent children/students to age 26. There are no waiting periods.

| | | Contributory — Bundled With Medical | | | Contributory — Stand-Alone | | |
|---------------|----------|-------------------------------------|----------|----------|----------------------------|----------|----------|
| | | Group 4 | Group 3 | Group 2 | Group 4 | Group 3 | Group 2 |
| 4 Tier | EE Only | \$29.22 | \$32.35 | \$36.53 | \$30.81 | \$34.12 | \$38.52 |
| | EE + SP | \$59.86 | \$66.29 | \$74.84 | \$63.12 | \$69.91 | \$78.92 |
| | EE + CH | \$62.31 | \$69.00 | \$77.90 | \$65.71 | \$72.77 | \$82.15 |
| | Family | \$103.62 | \$114.76 | \$129.56 | \$109.28 | \$121.02 | \$136.63 |
| 2 Tier | EE + Dep | \$87.66 | \$97.08 | \$109.60 | \$92.44 | \$102.37 | \$115.58 |

*These rates are valid in all other NY counties, not included within Albany, Buffalo, and Downstate.

Refer to EmblemHealth Plan, Inc. policy form numbers PLD-1104-D, PLD-1103-G et al. for the insured dental benefits.